

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034880

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

3076

Registrar's No.

162

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN NevadaLength of stay in 1b
1 dayc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION City HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bates

c. CITY
OR TOWN

Rich Hill

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

1001 South 6Th St

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LULA

AMANDA

PERRY

Date of

4. DATE
OF DEATH

Month

Day

Year

August 11 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH -

9/23/86

9. AGE (last birthday)

76

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Sprague, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James DeJarnette

13b. MOTHER'S MAIDEN NAME

Florence Headdan

14. NAME OF HUSBAND OR WIFE

William Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William Perry-Rich Hill, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Acute left ventricular failure
Hypertensive heart diseaseINTERVAL BETWEEN
ONSET AND DEATH

12 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Metastatic Carcinoma of Cervix

PART III. If deceased was female, was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/10/63 to 8/11/63 and last saw her alive on 8/10/63
Death occurred at 12:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

8/13/63

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

23d. LOCATION (City, town, or county)

Rich Hill, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Booth Funeral Service-Rich Hill, Mo.

8-16-1963

Anna S. Perry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John E. Underwood

Licensed Embalmer No.

3585

P. O. Address

Butler, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.